### Montana Board of Realty Regulation 301 South Park Avenue 4<sup>th</sup> Floor PO Box 200513 Helena MT 59620-0513

PHONE: 406-444-2961 FAX: 406-841-2323

E-MAIL: <a href="mailto:dlibsdrre@mt.gov">dlibsdrre@mt.gov</a> WEBSITE: <a href="mailto:www.realestate.mt.gov">www.realestate.mt.gov</a>

### APPLICATION PROCEDURES FOR REAL ESTATE BROKER RECIPROCITY LICENSE

## PLEASE ALLOW 10 TO 14 WORKING DAYS FOR PROCESSING AFTER RECEIPT OF ALL REQUIRED DOCUMENTATION

#### **FEES FOR LICENSURE**

□\$135.00 (new applications)
□ If currently a licensed salesperson in Montana \$100.00

### LICENSING REQUIREMENTS:

- \* Must hold an active resident real estate license in a jurisdiction with a reciprocal agreement.
- \* Must maintain your active resident license to continue holding a reciprocity license.
  - State of Montana has reciprocity with Alberta Canada
  - State Of Montana reciprocity agreement with Utah, Oregon and Idaho will cancel February 15, 2009

\*Make check or money order payable to the Montana Board of Realty Regulation\*
DO NOT SEND CASH

**APPLICATION PROCEDURES AND SUPPORTING DOCUMENTS:** The following information and/or documentation is required. **A license will not be issued until all materials are received and approved**.

- 1. Completed application form and fees.
- 2. A license history from any licensing jurisdiction in which a current real estate license or in which a real estate license has been previously issued.
- 3. A 2x2 photo attached to the application form in the space provided.
- 4. Completed Brokers Agreement and Jurisdiction

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Applicant must attach a photograph of himself / herself. The photograph must have been taken within the last year.

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# For Office Use Only License #\_\_\_\_ Date Issued:\_\_\_\_

### Application for Licensure as a Broker

### **Select Only One Appropriate Fee**

	□ \$135.00 (new applications)			☐ If currently a licensed salesperson in Montana – \$100.00				
			Applica	tion	is Made by: (Check One)			
	□ Examination □ Waiver (Prior Approval Required)							
			Reciprocity		Equivalency (Prior Approva			
1.	FULL NAME							
		Las	t		First		Middle	
2.	OTHER NAME(S)	KNO	WN BY					
3.	BUSINESS NAME							
4.	BUSINESS ADDRI	ESS _	Street Address		City and State	Zip	Country	
						1	Country	
	MAILING ADDRE	SS (If	PO Box #		City and State	Zip	Country	
5.	HOME ADDRESS							
			Street or PO Box #		City and State	Zip	Country	
	E-MAIL ADDRESS	S			WEB SITE ADDRESS			
6.					()			
		usine			Home	Fax		
7.	SOCIAL SECURIT	Y NU	MBER	FOREIGN ID NUMBER		□ MALE		
8.	DATE OF BIRTH _		AGE		PLACE OF BIRTH			
		Mont	h/ Day/Year			City/State		
9.	LICENSE NAME_							
	(	State	your name as it should	d app	ear on the license if granted.)			
10.	TRUST ACCOUN	T # O	R TITLE COMPANY	<i>I</i>				
	BANK NAME							
	BANK LOCATION	N						
11.	LICENSEE SIGNA	TUR	E					

12. List all real estate broker examinations that you have taken and the results. Attach additional sheet if necessary.

State Taken In	Exam Date	Results	

All applicants must answer the following questions. If you answer yes, give specific details (names of organizations, dates, reasons, and outcome) on a supplement sheet. 13. Have you ever been denied the right to take a licensure examination in any state? If yes, attach a detailed explanation. □ Yes  $\square$  No 14. Has a licensing agency ever taken adverse or disciplinary action against your license (certificate)? If yes, attach a detailed explanation. ☐ Yes □ No 15. Has your license (certificate) ever been forfeited or surrendered? If yes, attach a detailed explanation. ☐ Yes  $\square$  No 16. Has a complaint ever been made against you alleging unethical behavior or unprofessional conduct? If yes, attach a detailed explanation. ☐ Yes  $\square$  No 17. Do you have criminal charges pending or have you every pled guilty, forfeited bond, or been convicted □Yes  $\square$  No of a crime (including a plea of no contest or deferred prosecution) whether or not an appeal is pending? If yes, attach a detailed explanation and send in final order court papers. 18. Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member? If yes, attach a detailed explanation. □ Yes  $\square$  No 19. Have you ever been charged with or convicted of a crime (including a plea of no contest or deferred prosecution) relating to, or committed, involving violence, use or sale of drugs, fraud, deceit, or theft, whether or not an appeal is pending? You may omit: (1) traffic violations for which you paid a fine of \$100.00 or less and (2) charges or convictions prior to your 16<sup>th</sup> birthday. If yes, attach a detailed explanation and send in final order court papers. □ Yes □ No 20. Have you ever been charged with fraud, formally or informally, in any civil proceeding? If yes, attach a detailed explanation and send in final order court papers. ☐ Yes □ No 21. Have you any physical or mental condition which has in the past three years adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation. □ Yes □ No 22. Have you, within the last three years, used alcohol or any other mood-altering substance in a manner which adversely affected your ability to practice this profession? If yes, attach a detailed explanation. □ Yes □ No 23. Do you currently hold any type of real estate license in Montana or another state? If yes, provide the following information: (Attach a supplement sheet if necessary.) ☐ Yes □ No Type of License State/Province/Territory License Number Date Issued Is It Current

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Legal Signature of Applicant

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana licensing program.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

I hereby declare that if a Montana Real Estate Broker's license is issued to me, I agree to conduct my Montana real estate business in accordance with the laws of Montana and the rules of the Board of Realty Regulation.

Dated

### Complete this form only if you are applying for a reciprocal license.

### MONTANA BOARD OF REALTY REGULATION

### BROKER'S/SALESPERSON'S AGREEMENT AND CONSENT TO JURISDICTION

I,,a duly licensed i	real estate broker/salesperson, resident and licensed by	y the State of do
I,,a duly licensed in the properties of the state as follows:		
<ol> <li>That I have made application to the regulatory be acknowledge that I have read and fully understand the and State of application.</li> </ol>	oody of the State of to grant a receipt e terms and provisions of the reciprocal agreement be	ciprocal license in said State. I etween the State of my residence
2. I further understand and acknowledge that with to the statutes, rules and regulations of the regulatory and pursuant to a reciprocal license issued in accordary applicant State and I do consent to the jurisdiction of the statute	nce with my application that I will be subject to the l	th respect to my activities under aws, rules and regulations of the
3. I further understand and acknowledge that in applicant State that the regulatory body of my State of	the event of any investigation of my activities und residence may and will cooperate and assist in said in	
4. Further, I do acknowledge that I have signed the reciprocal license in the applicant State in order to sec	his agreement with the understanding that it is a mate ure the issuance of such reciprocal license from said a	
Done and dated this day of		<u></u> .
Signature of Broker/Salesperson - Applicant		
Subscribed and sworn to by me this day of	,	_ at
City/State		
	Notary Public	
SEAL	For the State of Montana	
My commission expires		-

PHONE :\_\_

For this service the Business Standards Division now accepts credit card payments using either Master Card or Visa or an electronic check (please do not send cash). You may fill in the appropriate form below to submit payments. This document will be destroyed after the payment is processed. For a complete list of services for which the division accepts credit card payments or e-checks, please see: http://www.realestate.mt.gov. Visa Master Card Amount to be billed: Credit Card # **Expiration Date:** Name on Card: Important: This transaction will appear on your credit card statement as: Discoveringmontana-SC . ADDRESS:\_\_\_ \_ZIP CODE: \_\_\_ PHONE :\_\_ E-Check Information Name (First, Last):\_\_\_\_\_ Checking ☐ Saving Routing Number:\_\_\_ Account Number: \_\_\_ Sample U.S. Check Amount to be billed: MEMO Important: This transaction will appear on your bank statement as an electronic transaction with the 4:2511010014: 2711702645H 2121 words: Montana Interact BSD-VT. Routing Number Account Number Check # 253301001 2733702645# 5151 NAME: \_ ADDRESS: \_\_\_\_\_ZIP CODE: \_\_\_\_\_ STATE:\_\_

> \*\*\*TO PREVENT YOUR CREDIT CARD FROM BEING CHARGED TWICE DO NOT BOTH FAX AND MAIL THIS INFORMATION\*\*\*